TUDOR OAKS HEALTH CENTER

9449 WEST FOREST HOME AVENUE

HALES CORNERS 53130 Phone: (414) 529-0100 Ownership: Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/03): 61 Title 18 (Medicare) Certified? Yes
Total Licensed Bed Capacity (12/31/03): 61 Title 19 (Medicaid) Certified? Yes
Number of Residents on 12/31/03: 60 Average Daily Census: 57

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/03)							
Home Health Care Supp. Home Care-Personal Care	No Yes	   Primary Diagnosis	용	Age Groups	8		31.7 40.0		
Supp. Home Care-Household Services	Yes	•	0.0	Under 65	0.0	•	11.7		
Day Services	No	Mental Illness (Org./Psy)	66.7	65 - 74	3.3				
Respite Care	No	Mental Illness (Other)	8.3	75 - 84	26.7		83.3		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.3	***********			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	0.0			Nursing Staff per 100 Residen			
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	1.7	65 & Over	100.0				
Transportation	Yes	Cerebrovascular	5.0			RNs	12.0		
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	4.9		
Other Services	Yes	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	18.3	Male	23.3	Aides, & Orderlies	36.8		
Mentally Ill	No			Female	76.7				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

## Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	350	19	90.5	125	0	0.0	0	32	97.0	230	0	0.0	0	0	0.0	0	57	95.0
Intermediate				2	9.5	104	0	0.0	0	1	3.0	220	0	0.0	0	0	0.0	0	3	5.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		21	100.0		0	0.0		33	100.0		0	0.0		0	0.0		60	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03		
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:		Activities of	%		ssistance of	<u> </u>	Number of		
Private Home/No Home Health	2.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents		
Private Home/With Home Health	2.9	Bathing	8.3		80.0	11.7	60		
Other Nursing Homes	10.1	Dressing	8.3		75.0	16.7	60		
Acute Care Hospitals	82.6	Transferring	28.3		48.3	23.3	60		
Psych. HospMR/DD Facilities	0.0	Toilet Use	16.7		63.3	20.0	60		
Rehabilitation Hospitals	0.0	Eating	61.7		33.3	5.0	60		
Other Locations	1.4	*******	******	*****	******	******	*****		
Total Number of Admissions	69	Continence		용	Special Treatmen	ts	용		
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.0	Receiving Resp	iratory Care	10.0		
Private Home/No Home Health	14.3	Occ/Freq. Incontiner	nt of Bladder	68.3	Receiving Trac	heostomy Care	0.0		
Private Home/With Home Health	27.0	Occ/Freq. Incontiner	nt of Bowel	63.3	Receiving Suct	ioning	0.0		
Other Nursing Homes	1.6				Receiving Osto	my Care	6.7		
Acute Care Hospitals	17.5	Mobility			Receiving Tube	Feeding	1.7		
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	43.3		
Rehabilitation Hospitals	0.0								
Other Locations	4.8	Skin Care			Other Resident C	haracteristics			
Deaths	34.9	With Pressure Sores		10.0	Have Advance D	irectives	100.0		
Total Number of Discharges		With Rashes		5.0	Medications				
(Including Deaths)	63	I			Receiving Psyc	hoactive Drugs	61.7		

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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Ownership: Bed Size: Licensure:		
This Nonprofit 50-99 Skilled Al.	<u>L</u>	
Facility Peer Group Peer Group Peer Group Faci.	Facilities	
% Ratio % Ratio % Ratio %	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds 93.4 87.9 1.06 88.1 1.06 86.6 1.08 87.4	1.07	
Current Residents from In-County         78.3         87.5         0.90         88.7         0.88         84.5         0.93         76.7	1.02	
Admissions from In-County, Still Residing 30.4 22.9 1.33 20.6 1.48 20.3 1.50 19.6	1.55	
Admissions/Average Daily Census 121.1 144.5 0.84 189.9 0.64 157.3 0.77 141.3	0.86	
Discharges/Average Daily Census 110.5 147.5 0.75 189.2 0.58 159.9 0.69 142.5	0.78	
Discharges To Private Residence/Average Daily Census 45.6 49.7 0.92 75.8 0.60 60.3 0.76 61.6	0.74	
Residents Receiving Skilled Care 95.0 93.9 1.01 94.9 1.00 93.5 1.02 88.1	1.08	
Residents Aged 65 and Older 100 97.1 1.03 91.0 1.10 90.8 1.10 87.8	1.14	
Title 19 (Medicaid) Funded Residents 35.0 50.3 0.70 48.6 0.72 58.2 0.60 65.9	0.53	
Private Pay Funded Residents 55.0 34.6 1.59 30.8 1.78 23.4 2.35 21.0	2.62	
Developmentally Disabled Residents 0.0 0.6 0.00 0.4 0.00 0.8 0.00 6.5	0.00	
Mentally Ill Residents 75.0 35.5 2.11 31.3 2.40 33.5 2.24 33.6	2.23	
General Medical Service Residents 18.3 23.0 0.80 24.1 0.76 21.4 0.86 20.6	0.89	
Impaired ADL (Mean) 45.7 51.9 0.88 48.8 0.94 51.8 0.88 49.4	0.92	
Psychological Problems 61.7 62.2 0.99 61.9 1.00 60.6 1.02 57.4	1.08	
Nursing Care Required (Mean) 9.6 7.2 1.33 6.8 1.41 7.3 1.32 7.3	1.31	